## SCHOOL COUNSELOR FORM – SONESON SCHOLARSHIP

**NOTE to School Counselor-please complete this form and return it to the student along with an OFFICIAL TRANSCRIPT through the latest SPRING semester.**

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**Applicant's Name:**

FN_____ MI ____ LN _____

**RANK:**
(must be ranked in the upper 1/3 of class)

**Senior Year:**

Percentile of graduating class _____%

Applicant Ranks _____

in a class of _____

**Junior Year:**

Percentile of graduating class _____%

Applicant Ranks _____

in a class of _____

**Cumulative Grade Point Average**

Weighted _____/4.0 scale

Unweighted _____/4.0 scale

School Official's Signature: _____

School Official's Print Name: _____

Title: _____ Phone #: (_____) _____

School Official's Email: _____